


# FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT

**MUST BE USED BY LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN  
TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP**

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

For Official Use Only  <b>E</b>	1. FILE NUMBER <b>540 - 203</b>	2. PERIOD COVERED From <table border="1"><tr><td>MO</td><td>DAY</td><td>YEAR</td></tr><tr><td>01</td><td>01</td><td>2002</td></tr></table> Through <table border="1"><tr><td>MO</td><td>DAY</td><td>YEAR</td></tr><tr><td>12</td><td>31</td><td>2002</td></tr></table>	MO	DAY	YEAR	01	01	2002	MO	DAY	YEAR	12	31	2002	3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: <input type="checkbox"/> (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: <input type="checkbox"/> (c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here: <input type="checkbox"/>
	MO	DAY	YEAR												
01	01	2002													
MO	DAY	YEAR													
12	31	2002													

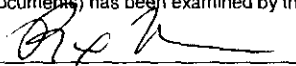
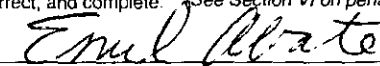
**EMIL ABATE (2) 540-203**  
**HOTEL EMPL, RESTAURANT EMPL AFL-CIO 240**  
**LU 27 PARKING & SERVICE WORKERS**  
**1220 13TH STREET 2ND FLOOR**  
**WASHINGTON, DC 20005 12/2002**



4. AFFILIATION OR ORGANIZATION NAME <b>HOTEL EMPL, RESTAURANT EMPL AFL-CIO</b>		8. MAILING ADDRESS First Name <b>EMIL</b> Last Name <b>ABATE</b> P.O. Box • Building and Room Number (if any)  Number and Street <b>1220 13TH STREET 2ND FLOOR</b> City <b>WASHINGTON</b> State <b>DC</b> ZIP Code + 4 <b>20005 - </b>	
5. DESIGNATION (Local, Lodge, etc.) <b>LU</b>	6. DESIGNATION NUMBER <b>27</b>		
7. UNIT NAME (if any) <b>PARKING &amp; SERVICE WORKERS UNION</b>			
9. Are your organization's records kept at its mailing address? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (If "No," provide address in Item 75.)			

75. ADDITIONAL INFORMATION	
Item Number	

Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)

76. SIGNED: 	PRESIDENT	77. SIGNED: 	TREASURER
<b>3-26-03</b>	(If other title, see instructions.)	<b>3-26-03</b>	(If other title, see instructions.)
Date	Telephone Number <b>202-393-7939</b>	Date	Telephone Number <b>202-393-7939 X17</b>

03-091-022 (540203)  
\* 5 4 0 2 0 3 \*

*During the Reporting Period Did Your Organization:*

10. Have a "subsidiary organization" as defined in Section X of the instructions? ..... Yes ☐ No ☒
11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries? ..... ☒ ☐
12. Have a political action committee (PAC) fund? ..... ☐ ☒
13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? ..... ☐ ☒
14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? ..... ☐ ☒
15. Discover any loss or shortage of funds or other property? ..... ☐ ☒  
(Answer "Yes" even if there has been repayment or recovery.)
16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan? ..... ☐ ☒
17. Liquidate or reduce any liabilities without disbursement of cash? ..... ☐ ☒

(If the answer to any of the above questions is "Yes," provide details in Item 75 as explained in the instructions for each item.)

18. How many members did your organization have at the end of the reporting period? 709

19. What is the date of your organization's next regular election of officers? MO 12 YEAR 2004

20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization? \$ 500000

21. What are your organization's rates of dues and fees?  
(Enter a minimum and maximum if more than one rate applies for any line.)

Rates of Dues and Fees	
(a) Regular Dues/Fees	\$ <span style="border: 1px solid black; padding: 2px;">26.0</span> per MONTH (Month, Year, etc.)
(b) Initiation Fees	\$ <span style="border: 1px solid black; padding: 2px;">31.0</span>
(c) Transfer Fees	\$ <span style="border: 1px solid black; padding: 2px;">0</span>
(d) Work Permits	\$ <span style="border: 1px solid black; padding: 2px;">0</span> per MONTH (Month, Year, etc.)

22. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions? ..... Yes ☐ No ☒  
(If the constitution and bylaws or practices/procedures have changed, see the instructions.)

23. Were any of your organization's assets pledged as security or encumbered in any other way at the end of the reporting period? ..... ☐ ☒

24. Did your organization have any contingent liabilities at the end of the reporting period? ..... ☐ ☒

(If the answer to Item 23 or 24 is "Yes," provide details in Item 75.)

# STATEMENT A - ASSETS AND LIABILITIES

FILE NUMBER: 5 4 0 - 2 0 3

Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only -- Do Not Enter Cents

ASSETS	ASSETS	From	Start of Reporting	End of Reporting
	Item	SCH #	Period (A)	Period (B)
	25. Cash.....	1	8 9 9 5	5 1 4 2 2
	26. Accounts Receivable.....		4 2 4 0 4	3 3 8 3 9
	27. Loans Receivable.....		0	0
	28. U.S. Treasury Securities.....		0	0
	29. Investments.....	2	3 1 7 8	0
	30. Fixed Assets.....	5	1 7 1 9 2	1 7 1 9 2
	31. Other Assets.....	3	0	0
	32. TOTAL ASSETS.....		7 1 7 6 9	1 0 2 4 5 3
LIABILITIES	LIABILITIES	From	Start of Reporting	End of Reporting
	Item	SCH #	Period (C)	Period (D)
	33. Accounts Payable.....	8	4 1 9 2 5	1 3 5 8 1
	34. Loans Payable.....		0	0
	35. Mortgages Payable.....		0	0
	36. Other Liabilities.....	4	0	0
	37. TOTAL LIABILITIES.....		4 1 9 2 5	1 3 5 8 1
38. NET ASSETS (Item 32 less Item 37).....		2 9 8 4 4	8 8 8 7 2	

# STATEMENT B - RECEIPTS AND DISBURSEMENTS

FILE NUMBER: 540 - 203

Complete Schedules 1 Through 15 Before Completing Statement B

Enter Amounts in Dollars Only -- Do Not Enter Cents

CASH RECEIPTS	From SCH #	AMOUNT	CASH DISBURSEMENTS	From SCH #	AMOUNT
Item			Item		
39. Dues.....		2 5 6 0 8 1	56. To Officers.....	9	9 6 8
40. Per Capita Tax.....		0	57. To Employees.....	10	1 1 0 3 8 3
41. Fees.....		4 6 8 4	58. Per Capita Tax.....		1 1 7 7 2 2
42. Fines.....		0	59. Fees, Fines, Assessments, etc. ....		0
43. Assessments.....		0	60. Office & Administrative Expense....	13	4 8 6 5 3
44. Work Permits.....		0	61. Educational & Publicity Expense...		0
45. Sale of Supplies.....		0	62. Professional Fees.....		1 2 2 3 3
46. Interest.....		7 9	63. Benefits.....	11	1 6 4 3 1
47. Dividends.....		0	64. Contributions, Gifts & Grants.....	12	9 5 0
48. Rents.....		0	65. Supplies for Resale.....		0
49. Sale of Investments & Fixed Assets.....	6	3 5 1 8	66. Direct Taxes.....		1 3 4 1 3
50. Loans Obtained.....	8	0	67. Withholding Taxes.....		2 3 2 9 4
51. Repayments of Loans Made.....	1	0	68. Purchase of Investments & Fixed Assets.....	7	0
52. On Behalf of Affiliates for Transmittal to Them.....		0	69. Loans Made.....	1	0
53. From Members for Disbursement on Their Behalf.....		0	70. Repayment of Loans Obtained.....	8	0
54. Other Receipts.....	14	1 3 3 0 6 4	71. To Affiliates of Funds Collected on Their Behalf.....		0
			72. On Behalf of Individual Members...		0
			73. Other Disbursements.....	15	1 0 9 5 3
55. TOTAL RECEIPTS.....		3 9 7 4 2 6	74. TOTAL DISBURSEMENTS .....		3 5 5 0 0 0

Enter Amounts in Dollars Only -- Do Not Enter Cents

**SCHEDULE 1 — LOANS RECEIVABLE**

List below loans to officers, employees, or members which at any time during the reporting period exceeded \$250 and list all loans to business enterprises regardless of amount. (A)	Loans Outstanding at Start of Period (B)	Loans Made During Period (C)	Repayments Received During Period		Loans Outstanding at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1.					
2.					
3.					
4. Totals from additional pages (if any)					
5. Totals of loans not listed above	0	0	0	0	0
6. Totals of Lines 1 through 5	0	0	0	0	0
The totals from Line 6 are entered in..... <div style="display: flex; justify-content: space-between; width: 100%;"> <span>Item 27 Column (A)</span> <span>Item 69</span> <span>Item 51</span> <span>Item 75 with Explanation</span> <span>Item 27 Column (B)</span> </div>					

# **SCHEDULE 2 - INVESTMENTS** (OTHER THAN U.S. TREASURY SECURITIES)

FILE NUMBER: 540 - 203

Description (A)	Amount (B)
<b>Marketable Securities</b>	
1. Total Cost	0
2. Total Book Value	0
3. List each marketable security which has a book value over \$1,000 and exceeds 20% of Line 2.	
(a) None	0
(b)	
(c)	
(d)	
<b>Other Investments</b>	
4. Total Cost	0
5. Total Book Value	0
6. List each other investment which has a book value over \$1,000 and exceeds 20% of Line 5. Also list each subsidiary for which separate reports are attached.	
(a) None	0
(b)	
(c)	
(d)	
(e) Total from additional pages (if any)	
7. Total of Lines 2 and 5	0
The total from Line 7 is entered in ..... Item 29, Column (B)	

# **SCHEDULE 3 - OTHER ASSETS**

Description (A)	Book Value (B)
1. None	0
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	0
The total from Line 7 is entered in ..... Item 31, Column (B)	

# **SCHEDULE 4 - OTHER LIABILITIES**

Description (A)	Amount at End of Period (B)
1. None	0
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	0
The total from Line 7 is entered in ..... Item 36, Column (D)	

# SCHEDULE 5 - FIXED ASSETS

FILE NUMBER: 5 4 0 - 2 0 3

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (give location): None	0		0	0
2. Totals from additional pages (if any)				
3. Buildings (give location): None	0	0	0	0
4. Totals from additional pages (if any)				
5. Automobiles and Other Vehicles	0	0	0	0
6. Office Furniture and Equipment	1 7 1 9 2	0	1 7 1 9 2	0
7. Other Fixed Assets	0	0	0	0
8. Totals of Lines 1 through 7	1 7 1 9 2	0	1 7 1 9 2	0
The total from Line 8, Column (D) is entered in..... Item 30, Column (B)				

# SCHEDULE 6 - SALE OF INVESTMENTS AND FIXED ASSETS

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Gross Sales Price (D)	Amount Received (E)
1. Security Capital 135 shares Group TNC CLB	1 9 9 9	3 5 1 8	3 5 1 8	3 5 1 8
2.				
3.				
4.				
5. Totals from additional pages (if any)				
6. Totals of Lines 1 through 5	1 9 9 9	3 5 1 8	3 5 1 8	3 5 1 8
7. Less Reinvestments				0
8. Net Sales				3 5 1 8
The total from Line 8 is entered in ..... Item 49				

# SCHEDULE 7 – PURCHASE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER: 5 4 0 - 2 0 3

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1. None	0	0	0
2.			
3.			
4.			
5. Totals from additional pages (if any)			
6. Totals of Lines 1 through 5	0	0	0
	7. Less Reinvestments		0
	8. Net Purchases		0
The total from Line 8 is entered in ..... Item 68			

# SCHEDULE 8 -- LOANS PAYABLE

Source of Loans Payable at Any Time During the Reporting Period (A)	Loans Owed at Start of Period (B)	Loans Obtained During Period (C)	Repayment Made During Period		Loans Owed at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1. None	0	0	0	0	0
2.					
3.					
4.					
5. Totals from additional pages (if any)					
6. Totals of Lines 1 through 5	0	0	0	0	0
The total from Line 6 is entered in ..... Item 34 ..... Item 50 ..... Item 70 ..... Item 75 ..... Item 34 Column (C) with Explanation Column (D)					



# SCHEDULE 9 - ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: 5 4 0 - 2 0 3

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements.)</small>		Status (C)*	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>							
1.	HERBEKIAN ROXIE PRESIDENT	C	0	0	2 3 4	0	2 3 4
2.	EMIL ABATE SECRTARY TREASU	C	0	0	7 3 4	0	7 3 4
3.	ABRAHAM ADIGUN TRUSTEE	C	0	0	0	0	0
4.	BEKEL BERU BOARD MEMBER	C	0	0	0	0	0
5.	ENRIQUE DIAZ SECOND VICE PRE	C	0	0	0	0	0
6.	ALPHONZO DIXON BOARD MEMBER	C	0	0	0	0	0
7.	YEZCHALEM TEDLA DYE BOARD MEMBER	C	0	0	0	0	0
8. Totals from additional pages (if any)			0	0	0	0	0
9. Totals of Lines 1 through 8			0	0	9 6 8	0	9 6 8
					10. Less Deductions		0
The total from Line 11 is entered in ..... Item 56					11. Net Disbursements		9 6 8

\*Code for Status (C): past officer - P; continuing officer - C; new officer during the reporting period - N.

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 75.)

# SCHEDULE 10 - DISBURSEMENTS TO EMPLOYEES

FILE NUMBER: 5 4 0 - 2 0 3

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>	(B) Position <small>(Enter employee's job title.)</small>	(C) Name of Affiliated Organization <small>(if applicable)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
1. GIZAW ACCOUNTANT LOCAL 27	YESALEM		1 4 4 4 6	0	0	0	1 4 4 4 6
2. YEHDEGO ORGANIZER LOCAL 27	AZIEB		2 7 0 2 5	0	1 3 7 4	0	2 8 3 9 9
3. LINGO ORGANIZER LOCAL 27	TRACY		2 8 2 0 0	0	5 9 7	0	2 8 7 9 7
4. ANN RESEARCHER LOCAL 27	SWINBURN		3 0 0 0 0	0	7 3	0	3 0 0 7 3
5. ALEXANDER E ORGANIZER LOCAL 27	ZWERDLING		2 6 6 1 7	0	0	0	2 6 6 1 7
6. Totals from additional pages (if any)							
7. Totals for all employees who, during the reporting period, received \$10,000 or less in total disbursements from your organization and any affiliates			5 2 7 3	0	7 2	0	5 3 4 5
8. Totals of Lines 1 through 7			1 3 1 5 6 1	0	2 1 1 6	0	1 3 3 6 7 7
					9. Less Deductions		2 3 2 9 4
The total from Line 10 is entered in ..... Item 57					10. Net Disbursements		1 1 0 3 8 3

# SCHEDULE 11 - BENEFITS

FILE NUMBER: 5 4 0 - 2 0 3

Description (A)	To Whom Paid (B)	Amount (C)
1. Worker Comp Insurance	CGU	2 5 9 7
2. Health Insurance	Local 37 Health Welfare	1 1 2 9 1
3. 401 (K) Plan	C.G.T.C	2 4 2 7
4. Life Insurance	Local 37	1 1 6
5. Total from additional pages (if any)		
6. Total of Lines 1 through 5		1 6 4 3 1
The total from Line 6 is entered in ..... Item 63		

## SCHEDULE 12 - CONTRIBUTIONS, GIFTS & GRANTS

Description (A)	Amount (B)
1. Contribution	9 5 0
2.	
3.	
4.	
5.	
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	9 5 0
The total from Line 8 is entered in ..... Item 64	

## SCHEDULE 13 - OFFICE & ADMINISTRATIVE EXPENSE

Description (A)	Amount (B)
1. Rent	2 2 1 3 2
2. Research	1 7 8 6
3. Interent Service	2 9 4
4. Cellular Phone	1 6 4 0
5. Office Supplies	1 8 7 0
6. Utilities	4 9 8 8
7. Total from additional pages (if any)	1 5 9 4 3
8. Total of Lines 1 through 7	4 8 6 5 3
The total from Line 8 is entered in ..... Item 60	

## SCHEDULE 14 - OTHER RECEIPTS

Description (A)	Amount (B)
1. H.E.R.E IU Subsidy	9 3 8 4 8
2. Refund	1 1 4 9
3. Reimbursed income	3 5 5 4 1
4. Strike Fund	2 0 2 8
5. Miscellaneous income	4 9 8
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	1 8 3 0 6 4
The total from Line 17 is entered in ..... Item 54	

## SCHEDULE 15 - OTHER DISBURSEMENTS

Description (A)	Amount (B)
1. Reimbursed expenses	4 2 2
2. Ground Transportaion	8 4 4
3. Bank Charges	5 6
4. Organizing	4 2
5. Food and Beverage	2 1 0 7
6. Dues Refund	4 4 6
7. Out of town Travel	1 9 8
8. Reimbursable expense	1 8 3 6
9. Paychex fee payroll service	1 9 9 7
10. Arbitration expenses	1 5 3 5
11. Other expenses	1 4 7 0
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	1 0 9 5 3
The total from Line 17 is entered in ..... Item 73	

ORGANIZATION NAME: <b>HOTEL EMPL, RESTAURANT EMPL AFL-CIO</b>
ENDING DATE OF PERIOD COVERED: <b>12/31/2002</b>

FILE NUMBER: **5 4 0 - 2 0 3**

## SCHEDULE 9- ALL OFFICERS AND DISBURSEMENTS TO OFFICERS *(continued)*

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)*					
MAKONNEN HABTEMARIA FIRST VICE PRES	C	0	0	0	0	0
ANCHINESH HAILE BOARD MEMBER	C	0	0	0	0	0
ABERRA A HAILE BOARD MEMBER	C	0	0	0	0	0
ROLANDO HERRERA BOARD MEMBER	C	0	0	0	0	0
GASHAW JEMBERU BOARD MEMBER	C	0	0	0	0	0
SOLOMON TAMRAT BOARD MEMBER	C	0	0	0	0	0
LUIS C ZEVALLOS BOARD MEMBER	C	0	0	0	0	0

ORGANIZATION NAME:  
HOTEL EMPL, RESTAURANT EMPL AFL-CIO

FILE NUMBER: 5 4 0 - 2 0 3

ENDING DATE OF PERIOD COVERED:  
12/31/2002

## SCHEDULE 13 – OFFICE & ADMINISTRATIVE EXPENSE (continued)

Description (A)	Amount (B)
Cleaing - Cleaing	3 8 8
Telephone expenses	4 4 5 2
Postage and shipping expenses	2 3 6 1
Maintenance expense	4 4 7 7
Printing expense	4 2 6 5

ORGANIZATION NAME:  
HOTEL EMPL, RESTAURANT EMPL AFL-CIO

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ENDING DATE OF PERIOD COVERED:  
12/31/2002

## 75. ADDITIONAL INFORMATION

Item Number	
11	<p>FOOD &amp; BEVERAGE LOCAL 32 HEATH &amp; WELFARE FUDN 10626 YORK ROAD COCKEYSVILLE, MD 21030</p> <p>The purpose of the trust is to provide health insurance, dental, optical and education benefits for Local 27 members and the staff of local 27.</p> <p>The ERISA file number is 52-1391582. The ERISA plan number is 501.</p>

ORGANIZATION NAME:  
HOTEL EMPL, RESTAURANT EMPL AFL-CIO

ENDING DATE OF PERIOD COVERED:  
12/31/2002

FILE NUMBER: 540 - 203

## TRUSTEE SIGNATURES

Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)

Trustee Sign: [Signature] TRUSTEE

Trustee Sign: \_\_\_\_\_ TRUSTEE

12/26/2003

Date

Telephone Number

Date

Telephone Number